promptcare

Intake Specialist 1-866-776-6782
Fax: 800-815-6808
newreferral@promptcare.com

Soliris (eculizumab) I Order Form

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

1. For new patients, please submit with form: (for detailed information refer to the **Soliris Ordering Guide** below)

☒ Copy of insurance card ☒ Patient demographics ☒ History & physical

☒ Pertinent labs/test results, confirmation of meningococcal vaccinations up to date and/or plan for vaccination

2. Patient Information

☐Male ☐Female Height: _____ in/cm Weight: _____ lbs/kg ☐NKDA Allergies: _____

Is this the first dose? ☐Yes ☐No, date of last infusion: _____ Next due: _____ Line type: ☐PIV ☐PICC ☐Port ☐Other

Has patient been enrolled in ***One Source*** **patient support**? ☐Yes ☐No (Note: enrollment is required for access to Alexion resources if needs arise)

3. Diagnosis and Clinical Information

ICD-10 (required): _____

Primary diagnosis: ☐ Atypical Hemolytic Uremic Syndrome (aHUS) ☐ Paroxysmal Nocturnal Hemoglobinuria (PNH) ☐ Myasthenia Gravis (gMG)
☐ Neuromyelitis Optica Spectrum Disorder (NMOSD) ☐Other: _____

4. Prescription Information

Medication: **Soliris 300mg/30mL (10 mg/mL) single dose vial**

Dose / Frequency

For treatment of PNH (adults only):

☐ Induction **and** maintenance: 600 mg weekly x 4 doses, followed by 900 mg at week 5, then 900 mg every 2 weeks

☐ Maintenance dosing only (induction doses complete): 900 mg IV every 2 weeks

For treatment of gMG, NMOSD, or aHUS (adult dose only, see below for pediatrics):

☐ Induction **and** maintenance: 900 mg IV weekly x 4 doses, followed by 1200 mg at week 5, then 1200 mg every 2 weeks

☐ Maintenance dosing only (induction doses complete): 1200 mg IV every 2 weeks

For treatment of aHUS in patients <18 years old:

☐ Dose based upon body weight per manufacturer guidelines:

Body Weight	Induction	Maintenance
≥40 kg	900 mg weekly x 4 doses	1200 mg at week 5; then 1200 mg every 2 weeks
30 kg to <40 kg	600 mg weekly x 2 doses	900 mg at week 3; then 900 mg every 2 weeks
20 kg to <30 kg	600 mg weekly x 2 doses	600 mg at week 3; then 600 mg every 2 weeks
10 kg to <20 kg	600 mg weekly x 1 dose	300 mg at week 2; then 300 mg every 2 weeks
5 kg to <10 kg	300 mg weekly x 1 dose	300 mg at week 2; then 300 mg every 3 weeks

Supplemental dosing after plasma intervention (NOT indicated for PNH)**:**

☐ Dose for adults and pediatric patients as follows:

Plasma Intervention	Most Recent Soliris Dose	Suplemental Dose with Each Intervention
Plasmapheresis or plasma exchange	300 mg	300 mg within 60 min after each session
	≥600 mg	600 mg within 60 min after each session
Fresh frozen plasma infusion	≥300 mg	300 mg given 60 min prior to each infusion of FFP

Other: _____

Directions

☒ Prepare per manufacturer guidelines, dilute in compatible IV solution to a final concentration of 5 mg/mL prior to infusion

☒ Administer IV infusion per manufacturer guidelines over 35 min in adults, or 1-4 hours for pediatric patients

☒ Schedule infusion within 2 days of the dosage regimen time points

Quantity / Refills

☒ Dispense 1 month supply / Refill x 12 months ☐Other: _____

Dispense all medical supplies necessary for infusion.

5. Additional Orders

☒ RN to start peripheral IV or use existing CVC. RN to administer catheter flushing per PromptCare Policy and Procedure

☒ RN to instruct patient to hydrate pre/post infusion and educate on taking OTC diphenhydramine and/or acetaminophen per manufacturer dosing recommendations as needed to prevent/treat post-infusion headache.

☒ RN to monitor patient for at least 1 hour post infusion and educate on possible side effects, allergic reactions, and when to contact physician

☐ **Other:** _____

6. Adverse Reaction Orders

Standard anaphylaxis kit to be dispensed and dosed per protocol: Epinephrine IM/SQ (1 mg/mL vial), diphenhydramine IV/IM (50 mg/mL vial), and NS IV. Additional orders: _____

7. Prescriber Information

Prescriber Name: _____ Office Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ **Is prescriber authorized & enrolled in REMS program?** ☐Yes (required)

License No.: _____ DEA NO.: _____ NPI: _____

_____ _____ _____ _____

Physician Signature (Substitution Permitted) Date **Physician Signature (Dispense as Written)** Date

By signing I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment. PromptCare has my permission to contact the patient's health plan to obtain any authorizations necessary to enable it to receive payment for services.

Soliris (eculizumab) Ordering Guide

- For **new patients**, please submit completed PromptCare **Soliris Order Form** (above) with all available supporting documentation to facilitate the approval process.

- ***Please submit with Soliris Order Form the following supporting documentation***: *
  - ☐ Progress notes with documentation of diagnosis
  - ☐ Labs and test results supporting primary diagnosis
  - ☐ Documentation of meningococcal vaccination (according to ACIP guidelines) Meningococcal Vaccine Recommendations | CDC
  - ☐ Children treated with Soliris: documentation/confirmation of vaccination for the prevention of Streptococcus pneumoniae and Haemophilus influenzae type b infections (according to ACIP guidelines)
  - ☐ Medication history including prior and/or concurrent therapies for primary diagnosis

  **Specific plans may require additional documentation for prior authorization.*

- Additional information for consideration:
  - Soliris may be administered by a healthcare professional in a patient's home or in an infusion suite, per individual insurance plan
  - Risk Evaluation and Mitigation Strategy (REMS) requirements include:
    - Prescriber is enrolled in the REMS program
    - Prescriber counsels patients about the risk of meningococcal infection, provides REMS education materials, and ensures vaccination with meningococcal vaccine(s)
    - Prescriber provides Patient Safety Card and reminds patients to carry it with them
  - Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of Soliris, unless the risks of delaying therapy outweigh the risk of developing a meningococcal infection
    - If prescriber determines Soliris must be initiated immediately (<2 weeks after vaccination), patient should receive 2 weeks of antibacterial drug prophylaxis
  - Any necessary lab draws will need to be arranged at prescriber's office or a lab facility of patient's preference

- Resources:
  - Alexion encourages prescribers to enroll patients in OneSource, a voluntary patient support program offering additional resources for financial assistance, insurance navigation, education and ongoing support [https://alexiononesource.com/soliris]
    - Patient enrollment is optional; however it is required for access to various Alexion resources and support in the event they are needed